



Gerd W. Clabaugh, MPA
Director

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

ABUSE EDUCATION REVIEW PANEL

RENEWAL OF APPLICATION FORM

Complete the renewal form and return it to the attention of Karin Ford, CHC at Iowa Department of Public Health, Division of Behavioral Health, Lucas State Office Building –6th Floor, Des Moines, Iowa 50319-0075. Direct questions to 515-242-6336 or karin.ford@idph.iowa.gov.

Applicant Organization/Individual

Address

City/State/Zip

Contact Person

Phone

E-Mail

List corporate links if applicable

If you are approved to use a curriculum developed by another provider, whose curriculum are you using and what is the approval number of that curriculum? Example: the curriculum developed by the Iowa Department on Aging is #19, the curricula from the University of Iowa is #94, Regional Health Education is #137 or #138, etc. _____

Training Topic (✓)

Child Abuse _____ Dependent Adult Abuse _____ Combination _____

Your Original Approval Number _____ **Your Original Approval Date** _____

There have been changes in the Iowa Code during the last three years. Approved curriculum holders should use current resources from the Iowa Department of Human Services: Child Abuse: A Guide for Mandatory Reporters, and/or Dependent Adult Abuse: A Guide for Mandatory Reporters, and the Iowa Department of Inspections and Appeals Iowa Code 235E and Administrative Rules Chapter 52. The resources are available on the Abuse Education Review Process website: http://www.idph.state.ia.us/bh/abuse_ed_review.asp. Your curriculum must reflect the changes in the code as they pertain to your target audience.

If you are providing the combined child and dependent adult abuse curriculum, is the information contained in your curriculum current?

Yes ____ No ____ NA (Not Applicable) ____

If you are providing only the child abuse curriculum, is the information contained in your curriculum current?

Yes ____ No ____ NA (Not Applicable) ____

If you are providing only the dependent adult abuse curriculum, is the information contained in your curriculum current?

Yes ____ No ____ NA (Not Applicable) ____

Your signature certifies that you are aware of the changes in the Iowa Code and have incorporated the changes into your curriculum.

Applicant Signature _____

Applicant Title _____ Date _____

Return one copy of this application form to Karin Ford, CHC, Iowa Department of Public Health, Lucas State Office Building, 6th Floor, Des Moines, Iowa 50319, or if signed and scanned to karin.ford@idph.iowa.gov, or FAX 515-281-4535.